



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL (ANDERSON)

City of Hospital: Anderson

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sandy Richie

Email Address: sandy.richie@ecommunity.com

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$206639844
Outpatient Patient Service Revenue	\$335481583
Total Gross Patient Service Revenue	\$542121427

2. Deductions From Revenue

Contractual Allowance	\$259859359
Other Deductions	\$107943240
Total Deductions	\$367802599

3. Total Operating Revenue

Net Patient Service Revenue	\$174318828
Other Operating Revenue	\$7778179
Total Operating Revenue	\$182097007

4. Operating Expenses

Salaries and Wages	\$65892256	Employee Benefits	\$14514582
Depreciation and Amortization	\$8978106	Interest Expense	\$227158
Bad Debt	\$6827941	Other Expenses	\$55968315
Total Operating Expenses	\$152408358		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22860708	Total Assets	\$290514392
Net Non-operating Gains over Loss	\$20855840	Total Liabilities	\$21044451

Total Net Gains	\$43716548
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$286679070	\$225139610	\$61539460
Medicaid	\$99136588	\$34719749	\$64416839
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$156305769	\$107943240	\$48362529
Total	\$542121427	\$367802599	\$174318828

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$631309	\$587718	\$43591

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$11139	\$21614	\$-10475

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$13417148
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1205480	\$3628582	
HCI Payments	\$0		
Subtotal	\$1205480	\$3628582	\$-2423102
Medicaid Shortfalls	\$24260112	\$26810854	
Subtotal	\$25465592	\$30439436	\$-4973844
DSH Payments	\$213,024		
Subtotal	\$25678616	\$30439436	\$-4760820
Medicare Shortfalls	\$62373837	\$77530515	
Other Government Programs	\$0	\$0	
Total	\$88052453	\$107969951	\$-19917498

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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